



MONTHLY EBT INVENTORY CONTROL LOG

ND DEPARTMENT OF HUMAN SERVICES/FSP

ELECTRONIC BENEFITS TRANSFER

SFN 319 (7-2003)

County Name			County Number		Month		Page of	
DATE	BEGINNING CARD NUMBER		ENDING CARD NUMBER		TOTAL NEW CARDS	TOTAL REPLACED CARDS	TOTAL CARDS ISSUED	ISSUANCE WORKER INITIALS
Beginning Inventory	Total Cards Received	Total New Cards Issued	Total Replaced Cards Issued		Total Cards Issued		Total Ending Inventory	
Authorized County Official Signature						Date		